

California Commission on Improving Life Through Service AmeriCorps Grant Award Checklist

The purpose of this checklist is to verify your program's ability to comply with accounting and grant administration standards and other AmeriCorps grant requirements.

1. Grant Information

Legal Applicant

Program Name:

Program Director:

Telephone Number:

Fax Number:

Address:

City, State, Zip Code:

E-Mail Address:

Fiscal Officer:

Telephone Number:

Fax Number:

Address:

City, State, Zip Code:

E-Mail Address:

2. Other Funding Sources

Please list other sources of state or federal funding currently in effect (**list the five largest funders**)

<u>Funding Agency</u>	<u>Purpose</u>	<u>Amount</u>
1.		
2.		
3.		
4.		
5.		

3. Are employees required to complete time sheets as a means of allocating their costs among projects or funding sources? (If no, please explain on separate sheet)

YES _____ NO _____

4. What method is used for approving expenses other than personnel services and indirect costs and for charging these costs to the program. If there are established internal administrative policies please submit a copy.

5. Does the program use subcontractors as part of grant? If yes, please provide the subcontractors name, address, telephone number, contact person, contract amount, and work description of each subcontractor on a separate sheet of paper.

YES _____ NO _____

6. Does your program obtain written Commission approval for the purchase or lease of equipment with either an acquisition cost of \$1,000 or useful life of one or more years unless included in the budget?

YES _____ NO _____

7. Please list the name of the bank and address of the branch office of the bank to be used for purposes of the grant:

8. What type of accounting system does your program use (i.e., accrual or cash)?

9. Are there signed invoices/vouchers to support all grant payments? If no, please explain.

YES _____ NO _____

10. Are staff and member travel claims vouchers signed by the traveler and approved by supervisor? If no, please explain.

YES _____ NO _____

11. Are all stipend disbursements made by check? If no, please explain.

YES _____ NO _____

12. How are donation of non-federal funds received, expended, and accounted for?

13. Can all expenditures be extracted from the records to correspond to the budget line items? If no, please explain.

YES _____ NO _____

14. Does your accounting system provide adequate information to permit the grantee to meet the financial reporting requirements of the grant? If no, please explain.

YES _____ NO _____

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15. Does program staff have a copy of the current grant award (including all provisions and amendments) on file? What action has been taken to ensure key staff are knowledgeable about the grant award and provisions?

YES _____ NO _____

16. Are regular deposits made of Federal payroll taxes (income and FICA taxes) as required by IRS? **If no, please explain.**

YES _____ NO _____

17. Are federal/non-federal funds maintained separately? (This does not mean separate bank accounts.) **If no, please explain.**

YES _____ NO _____

18. Are cash/in-kind cost accounts maintained separately? **If no, please explain.**

YES _____ NO _____

19. Has the program had a A-133 or A-128 audit completed in the last twelve months?

YES _____ NO _____

20. Does the program have copies of the pertinent OMB circulars A-133, A-128, A-110 etc... and are familiar with their contents?

YES _____ NO _____

21. Does program have adequate liability insurance to cover the program?

YES _____ NO _____

Please list amount of coverage and name of carrier:

22. Has the program earned income as a direct result of the program's activities?

YES _____ NO _____

If yes, has income been used to finance the required match?

YES _____ NO _____

23. Does the program have a Drug Free Work Force policy and program to inform Members and staff about the dangers of drug abuse in the workforce?

YES _____ NO _____

24. Do AmeriCorps staff or Members engage in organized fund raising?

YES _____ NO _____

25. Do all AmeriCorps Members sign member contracts ?

YES _____ NO _____

26. Does the program track Member hours to ensure that no more than 20% of the service hours are spent on education, training and non- direct service?

YES _____ NO _____

27. Does the program complete a written Mid Term and Final Performance Evaluation on each Member?

YES _____ NO _____

28. Does the program pay a living allowance tied to the number of hours a Member serves in a given time period?

YES _____ NO _____

29. Is the program's cash match for Member support costs, a minimum 24%, in non federal cash?

YES _____ NO _____

30. Are time and attendance records for AmeriCorps Members signed by Members and supervisors?

YES _____ NO _____

31. Are Member enrollment forms entered into WBRS within 30 days of member enrollment with originals retained in the Member's File?

YES _____ NO _____

32. Are Member Change of Status forms entered into WBRS within 30 days of the change of status?

YES _____ NO _____

33. Are Exit/ End of Term forms entered into WBRS within 30 days after a Member exits the program or finishes a term of service?

YES _____ NO _____

34. Are all AmeriCorps staff and supervisors provided a copy of the CNS policy on criminal record checks?

YES _____ NO _____

35. Does the program require criminal record checks of all Members and staff who have substantial direct contact with children?

YES _____ NO _____

Is it part of the applicant screening process?

YES _____ NO _____

Does the program announce its intent to conduct criminal record checks in recruitment materials?

YES _____ NO _____

Is the criminal record information reviewed to determine the suitability of the applicants?

YES _____ NO _____

Are the criminal record checks properly safeguarded?

YES _____ NO _____

Name and Title of Person Completing Survey

Signature

Date

Please Return By January 20, 2000 To:

California Commission on Improving Life Through Service
Fiscal Office
1110 K Street, Suite 210
Sacramento, CA 95814